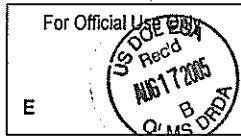


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11576</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>David</u> <u>E</u> <u>Moran</u> P.O. Box, Bldg., Room No., if any <u>Suite 200</u> Street <u>2650 S. Main St.</u> City <u>Akron</u> State <u>Ohio</u> ZIP Code + 4 <u>44319-1883</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union 306</u> Labor Organization File Number <u>007-531</u> P.O. Box, Building and Room Number, if any <u>Suite 200</u> Street <u>2650 S. Main St.</u> City <u>Akron</u> State <u>Ohio</u> ZIP Code + 4 <u>44319-1883</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>David E Moran</u>	On <u>8/1/05</u> Date	<u>330-245-2240</u> Telephone Number

Name of Person Filing David Moran

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Benefit Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2967

Street

City Huntington

State West Virginia

ZIP Code + 4 25729-2967

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 4th District IBEW Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2967

Street

City Huntington

State West Virginia

ZIP Code + 4 25729-2967

11.a. Nature of such dealing.

01/19/2004 Trustee Meeting 64.31

11.b. Approximate dollar value of such dealing.

\$64

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **David Moran**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **American Benefit Corporation**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2967**

Street

City **Huntington**State **West Virginia** ZIP Code + 4 **25729-2967****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **4th District IBEW Health Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2967**

Street

City **Huntington**State **West Virginia** ZIP Code + 4 **25729-2967****11.a. Nature of such dealing.**

02/13/2004	Trustee Meeting/Hotel	1005.21
02/13/2004	Trustee Meeting/Airfare	224.50
02/13/2004	Trustee Meeting/Dinners	93.00

11.b. Approximate dollar value of such dealing.**\$1,320****12.a. Nature of interest held or income received.****12.b. Amount.**

Name of Person Filing **David Moran**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **American Benefit Corporation**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2967**

Street

City **Huntington**State **West Virginia**ZIP Code + 4 **25729-2967****10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **4th District IBEW Health Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2967**

Street

City **Huntington**State **West Virginia**ZIP Code + 4 **25729-2967****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**11.a. Nature of such dealing.**

03/15/2004	Trustee Meeting/Hotel	201.72
03/15/2004	Trustee Meeting/Dinner	91.17

11.b. Approximate dollar value of such dealing.**\$293****12.a. Nature of interest held or income received.****12.b. Amount.**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **American Benefit Corporation**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2976**

Street

City **Huntington**State **West Virginia**ZIP Code + 4 **25729-2967****10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **4th District IBEW Health Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2967**

Street

City **Huntington**State **West Virginia**ZIP Code + 4 **25729-2967****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**11.a. Nature of such dealing.****6/10/2004** **Trustee Meeting/Dinner** **48.19****11.b. Approximate dollar value of such dealing.****\$48****12.a. Nature of interest held or income received.****12.b. Amount.**

Name of Person Filing David Moran	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name American Benefit Corporation</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2976</p> <p>Street </p> <p>City Huntington</p> <p>State West Virginia ZIP Code + 4 25729-2967</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name 4th District IBEW Health Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2967</p> <p>Street </p> <p>City Huntington</p> <p>State West Virginia ZIP Code + 4 25729-2967</p>	<p>11.a. Nature of such dealing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">09/09/2004</td> <td style="width: 60%;">Trustee Meeting/Hotel</td> <td style="width: 20%; text-align: right;">146.42</td> </tr> <tr> <td>09/09/2004</td> <td>Trustee Meeting/Dinner</td> <td style="text-align: right;">56.30</td> </tr> </table> <p>11.b. Approximate dollar value of such dealing. \$203</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. </p>	09/09/2004	Trustee Meeting/Hotel	146.42	09/09/2004	Trustee Meeting/Dinner	56.30
09/09/2004	Trustee Meeting/Hotel	146.42					
09/09/2004	Trustee Meeting/Dinner	56.30					

Name of Person Filing David Moran	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>American Benefit Corporation</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 2976</u></p> <p>Street <u></u></p> <p>City <u>Huntington</u></p> <p>State <u>West Virginia</u> ZIP Code + 4 <u>25729-2967</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>4th District IBEW Health Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 2976</u></p> <p>Street <u></u></p> <p>City <u>Huntington</u></p> <p>State <u>West Virginia</u> ZIP Code + 4 <u>25729-2967</u></p>	<p>11.a. Nature of such dealing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">10/06/2004</td> <td style="width: 60%;">Trustee Meeting/Airfare</td> <td style="width: 20%; text-align: right;">197.50</td> </tr> <tr><td colspan="3" style="height: 100px;"></td></tr> </table> <p>11.b. Approximate dollar value of such dealing. <u>\$198</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <u></u></p>	10/06/2004	Trustee Meeting/Airfare	197.50			
10/06/2004	Trustee Meeting/Airfare	197.50					

Name of Person Filing David Moran

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Benefit Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2967

Street

City Huntington

State West Virginia

ZIP Code + 4 25729-2967

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 4th District IBEW Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2967

Street

City Huntington

State West Virginia

ZIP Code + 4 25729-2967

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

12/08/2004 Trustee Meeting/Dinner 130.93

11.b. Approximate dollar value of such dealing.

\$131

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing David Moran	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Putnam Investments</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street Investor's Way</p> <p>City Norwood</p> <p>State Massachusetts ZIP Code + 4 02062-1584</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 306 IBEW Pension Annuity Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 33 Fitch Blvd.</p> <p>City Austintown</p> <p>State Ohio ZIP Code + 4 44515-2202</p>	<p>11.a. Nature of such dealing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Dinner Meeting</td> <td style="padding: 5px;">03/26/1004</td> <td style="padding: 5px;">108.25</td> </tr> <tr> <td colspan="3" style="height: 100px;"></td> </tr> </table> <p>11.b. Approximate dollar value of such dealing. \$108</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. </p>	Dinner Meeting	03/26/1004	108.25			
Dinner Meeting	03/26/1004	108.25					

Name of Person Filing David Moran

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Putnam Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Investor's Way

City Norwood

State Massachusetts ZIP Code + 4 02062-1584

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 306 IBEW Pension Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 33 Fitch Blvd.

City Austintown

State Ohio ZIP Code + 4 44515-2202

11.a. Nature of such dealing.

Dinner Meeting 06/15/2004 89.38

11.b. Approximate dollar value of such dealing.

\$89

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing David Moran

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Putnam Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Investor's Way

City Norwood

State Massachusetts ZIP Code + 4 02062-1584

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 306 IBEW Pension Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 33 Fitch Blvd.

City Austintown

State Ohio ZIP Code + 4 44515-2202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Dinner Meeting 12/03/2004 106.67

11.b. Approximate dollar value of such dealing.

\$107

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing David Moran

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Putnam Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Investor's Way

City Norwood

State Massachusetts ZIP Code + 4 02062-1584

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 306 IBEW Pension Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 33 Fitch Blvd.

City Austintown

State Ohio ZIP Code + 4 44515-2202

11.a. Nature of such dealing.

Dinner Meeting 12/14/2004 44.40

11.b. Approximate dollar value of such dealing.

\$44

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Akron Area Electrical JATC</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>Suite 100</u> Street <u>2650 S. Main St.</u> City <u>Akron</u> State <u>Ohio</u> ZIP Code + 4 <u>44319-1883</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Akron Area Electrical Joint Apprenticeship a</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>Suite 100</u> Street <u>2650 S. Main St.</u> City <u>Akron</u> State <u>Ohio</u> ZIP Code + 4 <u>44319-1883</u>	11.a. Nature of such dealing. <table border="1"><tr><td>Graduation Banquet/Speaker</td><td>09/24/2004</td><td>44.00</td></tr></table> 11.b. Approximate dollar value of such dealing. <u>\$44</u> 12.a. Nature of interest held or income received. 12.b. Amount. <u></u>	Graduation Banquet/Speaker	09/24/2004	44.00
Graduation Banquet/Speaker	09/24/2004	44.00		